## CONTRACT #7 RFS # 318.66-029

Department of Finance & Administration/Bureau of TennCare

VENDOR:
John Deere (formerly
Heritage National Health
Plan of TN)

## REQUEST: NON-COMPETITIVE AMENDMENT

APPRO	/ED
Comm	sioner of Finance & Administration

A REQUEST CAN NOT E	ns below indicates specific info BE CONSIDERED IF INFORMAT ICH OF THE REQUIREMENTS I	ION PROVIDE	nust be individually detailed or addressed <u>as required.</u> D IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT AS REQUIRED.	
<b>RFS#</b> 318.66-0	29	te e e imagi di e e e	<u>and the support of the state o</u>	
STATE AGENCY NAME:	Deparatment of Finance and	d Administratio	on, Bureau of TennCare	
SERVICE CAPTION:	Managed Care Organizatior TennCare/Medicaid Populat		dically Necessary Health Care Services to the	
CONTRACT#	FA-02-14860-00		PROPOSED AMENDMENT # 7	
CONTRACTOR:	John Deere (formerly Herita	ge National H	lealth Plan of TN)	
CONTRACT START DATE		July 1, 2001		
CURRENT, LATEST POSSI (Including ALL options to ext		12/31/2006		
CURRENT MAXIMUM LIAB	<b>ІІ-ТҮ :</b>	\$829,121,05	57.57	
LATEST POSSIBLE END D (including ALL options to ext	ATE <u>WITH</u> PROPOSED AMI end)	ENDMENT:	12/31/2006	
TOTAL MAXIMUM COST W. (including ALL options to ext	<u>/ITH</u> PROPOSED AMENDME end)	≣NT:	\$829,121,057.57	
APPROVAL CRITERIA : (select one)	use of Non-Competit	ive Negotiati	on is in the best interest of the state	
	only one uniquely qu	alified servic	ce provider able to provide the service	
ADDITIONAL REQUIRED R	REQUEST DETAILS BELOW	(address ead	ch item immediately following the requirement text)	
(1) description of the prop	osed additional service and	d amendmen	t effects :	
of interst disclosure requiren	eform language as approved nents; strengthens MCO finan sekeeping issues involving la	rcial requireme	the courts; Requires NCQA accrediation; strengthens con ents; lowers the administrative fee to mirror TennCare Sel cations.	iflict ect;

(2) explanation of need for the proposed amendment :	orac or more filmina di interne de la Persona di interne di indiana di Colonia
Due to TennCare changes recently approved by CMS and courts, it is necess as well as providing needed amended financial requirements and language cla	
(3) name and address of the proposed contractor's principal owner(s):  (not required if proposed contractor is a state education institution)	
408 North Cedar Bluff Road, Suite 400, Knoxville, TN 37923	
(4) documentation of OIR endorsement of the Non-Competitive procuren (required only if the subject service involves information technology)	nent request :
select one: Documentation Not Applicable to this Request	Documentation Attached to this Request
(5) documentation of Department of Personnel endorsement of the Non- (required only if the subject service involves training for state employees)	Competitive procurement request :
select one: Documentation Not Applicable to this Request	Documentation Attached to this Request
(6) description of procuring agency efforts to identify reasonable, compensation competitive negotiation :	etitive, procurement alternatives rather than to use
This Contractor is currently providing a network of services for the TennCare F	rogram. This is an amendment to current contract.
(7) justification of why the F&A Commissioner should approve a Non-Co	mpetitive Amendment :
The Bureau of TennCare is attempting to modify all of the MCO contracts to commend amendment will allow continuation of services to the enrollees and further clar administration requirements. TennCare would greatly appreciate the approval Administration.	ify their responsibilities, as well as modify financial
AGENCY HEAD REQUEST SIGNATURE:  (must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)	ich
SIGNATURE DATE:	J 6-15-06
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JOHN DEERE	(formerly Heritage I	National Health Plan	of TN)			
			Service Description			
Managed Care	e Organization Service	es/Medically necessar	y Health Care Servic	es to the TennCare	e/Medicaid Popul	ation
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2002	\$ 46,137,900.00	Federal Funds \$ 80,885,019.00	Funds	Other Funding	\$	127,022,919.00
2002	\$ 50,389,400.00	\$ 86,660,300.00	<u>'</u>		1\$	137,049,700.00
2004	\$ 49,908,299.02	\$ 90,540,889.55			\$	140,449,188.57
2005	\$ 62,904,600.00	\$ 106,935,100.00			\$	169,839,700.00
2006	\$ 62,904,600.00	\$ 106,935,100.00				\$ 169,839,700.00
2007	\$ 29,970,350.00	\$ 54,949,500.00			\$	84,919,850.00
	\$ 302,215,149.02	\$ 526,905,908.55			\$	829,121,057.57
GFDA#	93.778 Title XIX Dept	. of Health and Human	Services		(Chock the box (Ch)	LVAII (100 an Ewey Is YES
	State	See li Gontariot		ls@ne(GorfficeGorfice	Waradpiakiny (po	rome ange
Name:	Scott Pierce					
Address:	729 Church Street			ls(ingeomation)/	A (ब्रोग्रेडि (ea)) प्रिर्वेद्याच	(15 <b>년)</b> ]) (15년 - 15년
Phone:	Nashville, TN (615)532-1362			isithe Fise i Mearift	તનામાં અજાહાદ પ્રા	Mojeon
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				there is a balance in the required to be paid the		which this obligation is
FY: 02		\$127,022,919.00		required to be paid the obligations previously		icumbered to pay
FY: 03	-	\$137,049,700.00				•
FY: 04		\$140,449,188.57		<del> </del>		
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		4 Administration		Bureau of TennCare		
	Department of Finance and Administration					
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JOHN DEERE	(formerly Haritage N	lational Health Plan	of TN).			
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FY	State Funds	Federal Funds	Funds	Other Funding	ALL amendments 127,023,910,00	
2002	\$ 48,137,900.00	\$ 80,885,019.00			\$ 127,022,919.00	
2003	<del></del>	\$ 86,660,300.00		<u> </u>	\$ 137,049,700.00	
2004	\$ 49,908,299.02	\$ 90,540,889.55			\$ 140,449,188.57	
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Address:	729 Church Street		•	The state of the state of	Santali again filiagh agus an 1971 an an 1974 an ag	
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FY: 02		\$127,022,818.00		obligations previous	y incurred.	
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State Agency:	Department of Finance ar	nd Administration		Division	Bureau of TennCar	e
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FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding		Amount (including
2002	\$ 46,137,900.00	\$ 80,885,019.00			. \$	127,022,919.00
2003	\$ 50,389,400.00	\$ 86,660,300.00			\$	137,049,700.00
2004	\$ 49,908,299.02	\$ 90,540,889.55			\$	140,449,188.57
2005	\$ 49,908,299.02	\$ 90,540,889.55			\$	140,449,188.57
. 2006	\$ 24,954,149.51	\$ 45,270,444.77			\$	70,224,594.28
aliotal:	\$ 221,298,047.55	\$ 393,897,542.87			\$	615,195,590.42
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Name:	Dean Daniel					
Address: Phone:	729 Church Street Nashville, TN	•		Isithe Contractor a V	endor: «(perwimbia	
riiolie.	(615)532-1362			isthe Fiscal Year Ju	nding STRICTLY LEI	MITED?
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MANAGEMENT SERVICES

		CONTR	ACT:SUMMARY	SHEET		
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State Agency:	Department of Finance ar	nd Administration		Division: 38	Bureau of TennCare	9
Contractor				J. H. W. Gonti	actildentification	Number
JOHN DEERE (formerly Heritage National Health Plan of TN)						
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FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	j .	Amount (including nendments
2002	\$ 46,137,900.00	\$ 80,885,019.00			\$	127,022,919.00
2003	\$ 50,389,400.00	\$ 86,660,300.00		·	\$	137,049,700.00
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2006	\$ 24,954,149.51	\$ 45,270,444.77		<del> </del>	\$	70,224,594.28
Par Pariotal		\$ 393,897,542.87		with All the Selection of the Selection	3	615,195,590.42
CFDX#	93.778				Check the box ONI	Yortube answerds YES:
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Name:	Dean Daniel			Is the Contractor and		
Address: Phone:	729 Church Street Nashville, TN			MISSING CONTRACTOR AND ADDRESS OF THE PERSON	STEED FOR THE PROPERTY OF THE	
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		PERECONTERVACION		Pursuant to T.C.A., Se		
		Amendments 4.7	This Amendment ONE?	Commissioner of Final	nce and Administatio	n, do hereby certify that
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FY	State Funds	\$ 80,885,019.00				137,049,700.00
2002	\$ 46,137,900.00	OOO OO'		<u></u>	\$	140,449,188.57
2003	\$ 50,389,400.00	5 5 5 6 0 0 0 EE		\ <u></u>	\$	140,449,188.57
2004	\$ 49,908,299.02	DOD EE			\$	70,224,594.28
2005	\$ 49,908,299.02				\$	615,195,590.42
2006	\$ 24,954,149.51	\$ 45,270,444.77	<u>, ,</u>		<u> </u>	
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				FEM BRENIEL BITE		
			LW			
Name:	Dean Daniel	•				
Address:	729 Church Street Nashville, TN		,			THE DATE OF THE BASE
Phone:	(615)532-1362					
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		With the second second second		Commissioner of Fi	nance and Administati	on, do hereby certify that
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FY: 03		\$137,049,700.0	33,399,466.	57	.,	•
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RECEIVED RESIDENCE OF Contracts

Office of Contracts Review

		CONTR	RACT SUMMARY	SHEET		
RES Number				GontractiNumber	FA-02-14860-0:	2
State Agency	Department of Finance		•	Divisione (%)	Bureau of TennCard	e
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JOHN DEERE (formerly Heritage National Health Plan of TN)						
Service Description					The state of the s	强力型 通过其他 位置 可可 可 可 可 可 可 可 可 可 可 可 可 可
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FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding		Amount (including nendments
2002	\$ 46,137,900.00	\$ 80,885,019.00			\$	127,022,919.00
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2005	\$ 50,389,400.00	\$ 86,660,300.00			\$	137,049,700.00
2006	\$ 25,194,700.00	\$ 43,330,150.00		<u> </u>	\$	68,524,850.00
kreis Westotal	\$222,500,800.00	\$ 384,196,069.00			<u>[</u> \$	606,696,869.00
CFDA# WES	93.778	iseal Contract			2000年1月1日 - 1000年1月1日 - 1000年1月 - 1	Y.If the answer is YES.
Vame:	Dean Daniel	IS CALLOUITE ACCESS TO SERVE		is the Contractor a SI	UBRECIPLENT? (per	OMBYA-133)
\ddress:	729 Church Street			Is the Contractor a Ve	ondor?/per-OMB A	
	Nashville, TN (615)532-1362			t Is the Fiscal Year Fur		
Pi	ocuring Agency Bud	get Officer Approval 5	ignature 1995	s the Contractor on S		
Dean Daniel	Dean	Daniel	17/1/00	Is the Contractor's Fo	字:	
	A COMPLETE EORS	ALLEAMEND MENT SE(6)	in) item and a service and a s		unding Centificat	ACCOUNTS AND PROPERTY OF THE PARTY OF THE PA
		Base Contract & Prior		Pursuant to T.C.A., Se	ction 9-6-113, I, C. W	/arren Neel.
	With the Control of the United States of Control of the Control of	Amendments	Lhisiamendment ONLY	Commissioner of Finar	nce and Administation	n, do hereby certify that
Y: 02	END DATE			there is a balance in the required to be paid that	e appropriation from	which this obligation is
Y: 03			·	obligations previously i	ncurred.	umbered to pay
Y: 04					•	
Y: 05				<del> </del>		
Y: 06		"			,	
	Total:	\$0.00	\$0.00			

		CONTR	ACTISUMMARY	SHEET		
RES Number				Contract Number	FA-02-14860-0	1
tate Agency: Department of Finance and Administration				Division:	Bureau of TennCan	<b>a</b>
Contractor				Canti	act identification	Number , Line 1446
JOHN DEERE (formerly Heritage National Health Plan of TN)				V-	e	
<b>阿斯克斯斯斯</b> 國際			Service Description	ere ishiyana ishira		
Managed Care	Organization Servi	ices/Medically necess	ary Health Care Servi	ces to the TennCa	re/Medicaid Pop	ulation
	<b>的</b> 。如何是Cont	raet Begin Date (1984)			Contract End Da	ie grande
7/1/01	,			12/31/05		
Allotment Code	THE Cost Center In	(名)他(Object Code )是 于	Funder	游游Grant 光彩	Grant Code	ASubgrant Code
318.66	414	134	11	☐ STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding		Amount (including nendments
2002	\$ 46,137,900.00	\$ 80,885,019.00			\$	127,022,919.00
2003	\$ 50,389,400.00	\$ 86,660,300.00			\$	137,049,700.00
2004	\$ 50,389,400.00	\$ 86,660,300.00			\$	137,049,700.00
2005	\$ 50,389,400.00				\$	137,049,700.00
2006	\$ 25,194,700.00				\$	68,524,850.00
in protal.	\$222,500,800.00	\$ 384,196,069.00			\$	606,696,869.00
GFDA#	93.778				Checkthelbox ON	Y if the answer is YES.
	State	Fiscal Contract		Isithe Contractor a Si	UBREGIPIENT?/ibe	rOMB/ASIBIL 2
lame:	Dean Daniel					
\ddress:	729 Church Street		•	is the Contractor a Vi	endor (per GMBA	
hone:	Nashville, TN  (615)532-1362		•	is the Fiscal Year For	alea Capical VIII	MITTER STATE OF THE STATE OF TH
Property Pr		igel Officer Approval S	ignature s	Is the Contractor on a		
• /			) 1 1	THE PERSON NAMED IN		
Dean Daniel	bean	have	7/1/02	is the Contractor S.F.		
	COMPLETE FOR	ALIBAMENDMENTS (6	n variety and the same of the			
		Base Contract & Prior		Pursuant to T.C.A., Se		
		Contraction of the property and the party of	This Amendment ONLY			on, do hereby certify that
	END DATE		#0.00	mere is a balance in tr required to be paid tha		which this obligation is cumbered to pay
Y: 02	<del></del>	\$127,022,919.00	\$0.00 \$10,026,781.00	obligations previously		· · · · · · · · · · · · · · · · · · ·
Y: 03 Y: 04		\$127,022,919.00 \$127,022,919.00	\$10,026,781.00			
Y: 05	<del></del>	\$127,022,919.00	\$10,026,781.00			
TY: 06		\$63,511,459.50				
	Total	<del></del>		4		